

FREUD AND PROPHYLAXIS*

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I NEED hardly repeat the words of the preceding speakers concerning the honor one feels at being invited to discuss any one of the important issues at this centenary anniversary. To be tendered the honor of thinking together with you about Freud's relation to prophylaxis of psychiatric illness, the field to which I have devoted my professional life, is so flattering that I am afraid I accepted the challenge without thinking first of the responsibility that went with it. Such a lecture should come from a very thorough student of Freud's works who could quote incident, chapter and verse. I am not such a student and have never subjected myself to the vigorous study of the master entailed in training in a psychoanalytic institute.

I have, however, made a consistent search in Freud's writings for many years for references to prophylaxis. In the course of preparation for a paper, "The Implications of the Psychogenetic Hypothesis for Mental Hygiene," I wrote to a considerable group of outstanding scholars, some of whom share the honor of being on this program, asking them certain questions regarding Freud's concepts on prophylaxis. Freud made no direct mention of the problem so far as I have been able to find. We all recognize that he felt analysis much more an experimental, investigative procedure than a therapeutic or preventive one. He appears to have been concerned with the ever new vistas of his explorations, not with tidying up to see which of his new facts could be harnessed to the plebeian duties of the prevention of disease.

This fact leaves us with the rather delicate task of exegesis, drawing implications for one purpose from statements made and concepts used in other contexts.

Before proceeding to this task, it seems appropriate to examine briefly the general background of thinking about the prophylaxis of

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psychiatric illnesses and conditions. In the first place, there has been a great deal of confusion in the field because the all-inclusive concept "mental illness" has seduced scientific workers into a concept that there should be one prophylaxis for this unitary "illness." Realizing that there are probably as many psychiatric illnesses as there are recognized infectious ones, it seems far wiser to think in terms of the mental illnesses and of multiple methods of prophylaxis appropriate for each. Some of these are appropriate for discussion in connection with Freud; some are not. The prevention of hysteria with amnesia is a problem of prophylaxis to be discussed in relation to Freud; amnesia due to loss of brain substance, even though it be preventable, is not a matter of psychodynamic significance, Freudian or otherwise. This is true, even though it is clearly recognized that the precise nature of what is forgot and how much is forgot is of dynamic significance. So for the purposes of today's discussion, we are not concerned with the prevention of brain damage in the direct sense, nor with the results of brain damage.

We are concerned with the prevention of the psychogenetic mental illness and the behavioral complexes which are related to it and to the states of mind that lead individuals to expose themselves to risk of some sorts of brain damage (alcoholic, luetic). In other words we are concerned with the prevention of states of mind which are themselves illness or make the appearance of later illness all but inevitable.

It is popularly supposed that Freud believed that the past events in a life determined the presence or absence of illness at some future date. In an early "physiologizing" era, he did make such a direct cause and effect statement regarding some sorts of sexual activity and some types of anxiety. In general, however, the models Freud eventually developed were far more complex and dealt with so many vectors of force from so many different angles, from parent-child relationship to cultural influences, from aspirations to instincts, that the effect of any one could no longer be predicted. The analogies of levels, energy units to be satisfied, of checks and balances, of Eros and Thanatos, are so complex that the challenge to prophylactic adjustment of the forces and circumstances is avoided by most of Freud's followers. They even defend their position on theoretic grounds as though to indicate that therapy can cut these multi-stranded ropes but the same concepts cannot be used to cut the individual strands as the rope is being woven. A further problem is, of course, that Freud was not a systematist and had no intention of

being one. He did not respond to a challenge to relate forces discussed at different periods of his own development to each other; he didn't think it worth while. I doubt that he would have tried to make a virtue of it, as have some of his followers.

The point I wish to make is that Freud did not directly discuss prophylaxis, and that to use his specific concepts systematically appears impossible. This being the case, we shall proceed to see what can be drawn from Freud's contributions that has been useful in the development of prophylactic programs in psychiatry.

Most of these ideas did not originate with Freud directly. Many critics and historians have pointed out that many of his ideas are older than himself, and that he himself used symbols going back to the earliest human thinking we know—such as the trinity of id, ego and super-ego. The modern movement of prophylaxis and of the promotion of mental health, however, considers Freud responsible for the following basic concepts. I leave to historians as to whether the attribution is justified.

First, it is proper to present an overall consideration that overrides any of the more or less specific points that will be made later. Freud's works and the popularization of his ideas, partly because his concepts were at first so fiercely attacked, induced an era of thinking in terms of the psychological meaning of life events that has furnished the soil in which ideas about the prevention of the psychogenic mental illness could grow. He furnished the multitude of hypotheses that arrested the interest of not only medical men but of many other people as well, not only professionals and the educated, but a considerable proportion of the total population. The population for the most part, I suspect, had little or no idea of Freud's basic philosophy; this made no difference for he was the symbol for the psychological interpretation of events, and this idea made a great change in the scientific milieu. Out of this milieu grew the hopes and the hypotheses of prophylaxis in psychiatry.

Fundamentally, this movement has had within it more optimism than its Freudian origin would seem to justify. Freud did not speak much of constitution which had been the pessimistic concept that had dominated psychiatric etiological thought before him and of those who opposed him strongly early in his career. But, to some extent, his acceptance of the idea of instinct is also a pessimistic idea not much removed from constitutionalism; it is really but the analysis of a general, non-specific concept to its more specific and more clearly characterized parts.

Instinct is in-born and its forces are set more or less outside the control of the individual concerned. In this sense, the popular concept of optimism about psychoanalysis as a form of treatment is almost a perversion of what appears to have been Freud's genuine attitude. It is interesting, at least as I observe the situation, that in this country, Freud's pessimism dominates many of his followers' thinking about the possibilities of prophylaxis, while they seem quite sanguine about the use of his concepts and techniques for curative purposes, an attitude I was impelled to complain about in the paper referred to earlier.

The first generalization is that behavior is caused in every instance, that no significant action or reaction occurs without antecedent events that determine it. Early in the Freudian period, the relations seemed rather clear, but as the structure was built up, individual events seemed to lose importance till many workers took the pessimistic view described.

Suffice it to say that the hypothesis of psychologic determinism seems fundamental to any prophylactic program in psychiatry. If we are working in the psychogenic illnesses in a field of random concatenations of events with no predictability, then prophylaxis is certainly impossible. Freud attempted to make illness and illness-precipitating states understandable, and, to some extent, predictable. What can be predicted in human living can probably be influenced to alter that predictability. Freud was not the only person of his time to insist on such a concept. The idea is basic in the psychiatry of Meyer and other leaders as well. But it is to Freud that cause and effect relationships seemed so clear that his writing "sold" the idea into public acceptance. Actually, Freud only interpreted past events; he nowhere said, "had this not happened, this later event would have been a healthy rather than an unhealthy reaction." The movement toward prophylaxis of psychogenic illness has acted as though he had meant to make the statement; as such, the effect of the non-existent statement has been extraordinary.

The second and genuinely basic contribution of Freud is that behavior matures from infancy to adulthood. I do not propose to discuss the various parameters of development Freud uses at different times and for different purposes, but to confine the discussion to the fact that he knew the person to be different at different stages of development. The infant was different from the school child and the adult. The attempts to pin the idea down using such terms as oral, anal, and genital states, the homo- and hetero-erotic stages, the various complex situations such

as the Oedipus, do not always come out into consistent patterns. So far as I have been able to discover, Freud never defined what was a healthy resolution of the Oedipus situation or how the resolution could be led to a smooth and healthy end. I have also felt that Freud, but particularly some of his later followers in child analysis, have failed to recognize that the intellectual and sensory capacity of the brain matures also, along with its capacity for relationships. Failure to recognize this has led to the assumption of far more complex kinds of relationships and numbers of items in a child's conscious and unconscious than there is capacity to entertain at the particular stage of development under consideration.

All of these questions do not detract from the basic concept that there is a maturational pattern and that events can change the way the pattern works itself out. This is, of course, something people, writers and the common man, have known for centuries. Its implications for mental health, however, must be ascribed to Freud and his influence.

The next essential factor in prophylactic theory that arises to prominence because of Freud is a derivative of that just discussed, namely, that the individual not only matures but that he follows a more or less predictable course in the maturation; that is, one stage forms the basis for the prediction of the next series of behavior patterns. Contributions to this idea from animal psychology and child development researches have certainly been fundamental in development of the idea since Freud made it current. The concept is very necessary, however, in the short term evaluation of all preventive efforts; in the absence of such progression one must await the passage of many years before the effect of a procedure can be evaluated. If behavioral progressions can be established firmly, the time of movement from one to another step may offer a way to evaluate progress or lack of it. Orderly predictable stages in maturation of infant to adult behavior is a Freudian concept important to the theory of prophylaxis.

The next concept basic to prophylactic work as regards the psychogenic illnesses is that all individuals will have to go through certain experiences and that these will be more or less stressful. Perhaps the best example is that of the Oedipus problem. Freud contended that all had to live through it. In Freud's mind, most of the important developmental situations dealt with were intensely personal or familial problems and situations. Others gave a much broader definition of the steps before the infant. The students of development speak in terms of motor and sen-

sory developmental "tasks." Meyer and particularly his student, Cameron, were concerned with a whole range of roles to be learned; Sullivan, with interpersonal relationships to be mastered. The educational psychologist studies what situations the child may be expected to master at a given age or stage of development. It appears that the germ of the concept of seeing maturation in terms of tasks to be surmounted and roles and relationships to be learned is justifiably attributed to Freud. The way particular developmental tasks are surmounted has offered the bench marks of evaluation that have made possible the programmatizing of prophylactic efforts.

The next great idea for prophylaxis that flows from Freud's thinking is that the factor of relationship with other people is important in personality development. Put in figurative language, one might say that the furnace in which the gold of personality is refined is that of interhuman relationships. Here again, there is real doubt whether Freud actually ever thought of the problem in this positive sense for he was more concerned with pathology, even the pathology of every day life, than he was with the possible prophylactic character of relationships. It is but a step, however, from the clearly Freudian concept that pathological relationships cause pathology to the concept that healthy relationships cause health, whether or not Freud himself ever took this step.

The *quality* of the effective interhuman relationship was much more the subject of enlightenment by Freud. Perhaps starting from one of the most important of his discoveries, the factors of transference and counter-transference in therapy, Freud was able to describe the force as well as the content of many parent-child relationships and of relationships between peers as well. Out of this work has been evolved a great deal of the modern educational thinking about motivation and its cultivation, as well as the recognition and the management of resistances to learning. Freud dealt with these matters primarily within the spheres of psychopathology, but the way he dealt with them has made possible the development of much of modern educational technique. In this sense, the whole movement of group dynamics has its roots in Freud's recognition that all ideas have emotional auras and that changing ideas always involve changing sentiments or attitudes, emotional sets.

In pointing to the overweening importance of the parent-child relationship, Freud opened the door to fitting mental health thinking into the pattern of prophylactic theory that was growing contemporane-

ously in the public health field. It was his work that made possible the analogy between early immunization and early behavioral prophylaxis. Time may possibly prove that the analogy is a false one, as experimental tests have tended to show that many specific points of his doctrine do not correlate with observable life experience. This will not detract from the great importance of the concept in the history of science, not only psychological medicine, but the social sciences as well.

The final contribution of Freud to prophylactic theory and practice that I wish to discuss is his concept that the culture in which an individual lives makes a difference and has meaning for the *individual* as well as for the group. Freud's contribution to anthropology is discussed by another in this symposium. Suffice it to say here that it appears that much of our present expansion of health so that it includes mental and social well-being as well as physical intactness can be traced to the pregnant ideas of Sigmund Freud.

There are those, I am sure, who will point out that I have ascribed to Freud things which rightfully belong to other minds. There are others who will say that Freud is directly responsible for far more of present prophylactic thinking than I have given him credit for. I regret that I cannot debate with either camp on the basis of expertness in Freud's enormous literary out-put. I can, however, defend my views as an interpretation by a person who has for a considerable while been concerned with the problem of prophylaxis of mental illness and the promotion of mental health, and as one who has tried to find the origin of current concepts in the field.

In summary, Freud, in my opinion, contributed the basis for the following fundamental tenets in prophylaxis:

1. Behavior is caused and the causes may be modifiable so that undesirable behavior may be avoided.
2. There is a maturation of emotional reaction.
3. The maturation process is orderly and predictable at times.
4. That development involves stress, a concept economically expressed in the idea of developmental "tasks."
5. That the maturation of the personality takes place in and is modified by emotionally significant relationships, and that parent-child relationships are of great moment.
6. That the culture makes a difference and has meaning for the individual as well as for the group.